

Eastern MRS Meeting  
April 14, 2005  
Wilson County DSS

Counties Present: Bladen, Craven, Durham, Franklin, Halifax, Harnett, Johnston, Martin, Nash, New Hanover, Pasquotank, Scotland, Wake, Warren, Wilson

Non MRS Counties: Beaufort, Carteret, Edgecombe, Onslow, Wayne

State Staff: Tony Troop, Jeff Olson, Gale Trevathan, Gwen Burns, Susan Moss, Tony Amos, Kim Harman, Heather Skeens, Rita Bland, Heather Thomas

**Agenda**

MRS Learning Institute  
MRS Policy Workgroups  
Division Letters  
Legislation Update  
Discussion:

- Why do you need MRS in your county?
- Unsub/no svcs needed case services how/WF role/barriers

**MRS Learning Institute**

- June 1<sup>st</sup>-3<sup>rd</sup> at Koury Center in Greensboro
- Named to emphasize Learning
- Counties can register as many people as they want to originally, however, to ensure all 100 counties can be represented the state may later limit the number of persons from counties depending on total numbers of registrants.

**Policy Workgroups**

- Met last Thursday at Guilford Co DSS, there were about 25 people present. Will meet again May 5<sup>th</sup>.
- Discussed when it would be appropriate to stop the assessment before completing all tools, risk assessment ratings, switching tracks.
- Next meeting counties should be prepared to say what part of policy they would like to change and how they would change it. Policy says x and our county would like for it to say y.
- Also reformatting policy (i.e. moving work first information from the end of policy to the beginning which reflects the desire to frontload services and ensure collaboration.)
- WF Child Only Cases these cases have certain characteristics that make them higher risk
  - Child Only Cases when a parent is not part of the WF program. Children are under the care of a relative or legal guardian but the

child is the only recipient of WF benefits. These are 59% of the WF caseload.

- One suggestion is for child only cases to have a CFT meeting 30 days after case began. This does not make it CPS, but the idea is to ensure these children don't slip through the cracks. This is the population of children likely to end up in foster care.
- Counties should consider how they feel about this and it will be discussed at the May 5<sup>th</sup> meeting.
- (Scotland county has a social worker specifically to work with these families.)

#### Division Letters

- DCD letter with the new location of the Greensboro training center
- Change Notice section 1205
- WF Admin letter dealing with the 200% population
- Outline for 2005-2006 LINKS plan

#### Legislative Updates

- House Bill 277 was heard a couple of weeks ago. Denise from Johnston county spoke to General Assembly. House Committee passed changes and bill passed full House, currently in Senate Committee.
- Changes language from investigation to assessment
- Legislation asks for 5.6 million for the next 2 years to increase staff in county DSS. (For this reason counties should take the staffing surveys seriously as they affect the positions counties may get.)
- Appeals there will be a general appeals process in NC. This has been in federal law and NC has been in violation.
  - Appeals will only be for substantiations. The perpetrator will file the appeal which will be conducted as an administrative review, which will be the final action.
- Leandro case a family sued the school system because they weren't getting an adequate education due to low funding. They won. As part of the solution there will be Child and Family Support Teams in every high risk school in NC.
  - Starting a pilot on 100 schools.
  - This will involve hiring one person in DSS as a facilitator for the CFT meetings. We anticipate the school system part will not be full time, so this person could also be utilized as a facilitator for DSS CFT teams.

#### Discussion

Asked to provide General Assembly with bulleted points about MRS (if someone said MRS is gone, what would you say regarding why you need it?)

- Without MRS, and considering the current state of Mental Health, we would go back to the Stone Age. CPS/MRS may be the only tool to work with families to resolve issues related to child safety.

- Starting to restore the trust of families showing that we are there to help not punish
- Opening lines of communication between families and providers. DSS used to be the go-between, but now with CFT and assessments, the schools and other community partners are talking directly with the families.
- Helps to empower families to take charge of their own lives
- Promotes partnerships, allows DSS to show respect which results in quicker resolution of issues
- Builds community collaboration
- Provides the ability to value uniqueness and strengths of individual families and communities
- As a system, without MRS we would be incident focused and have tunnel vision
- As administrators, MRS allows workers to schedule more flexibly, which promoted a more positive work environment.
- Clients actually self-refer now because of the assessment approach this can prevent crises when they self-refer early
- Improved public image/perception of DSS
- Allows use of the village approach
- SW are able to focus on social work they feel like they are doing what they became social workers to do
- Less Social Worker burnout
- Internally CPS and WF talk and support each other more
- Families become more self-sufficient
- Shared Parenting makes the transition easier for the child bridges gap between biological and foster parents
- Have to have healthy and happy families to support work force (especially the bio-tech industry in NC)

How are we serving unsubstantiated and no services needed families?

- Nationally, and in NC, the fastest growing caseload are the families that DSS has worked with before and unsubstantiated but have another report.
- Just because there was a finding of unsubstantiated, does not mean the family doesn't need some services. Providing supportive services will reduce future CPS cases.

How are counties front loading services?

The premise of family assessment is to frontload services so that fewer families are in case management. (The success and rate of follow through for 215 is directly related to the success of 210.)

- Johnston Co SW does mental health intake and sends it to their contact at MH. In the past they left contacting the MH up to the client (client may have given up after playing phone tag etc. when process became too frustrating). By having the SW making the contact, the process moves more quickly and MH prioritized appointments referred by SW. Also

means that when the family arrives at MH they don't have to tell their story from scratch.

- Workers are actually taking families to appointments instead of waiting to arrange transportation. SW walks families through any DSS services they need.
- Bring community partners to the table early have developed referral forms so that resources are in place before the family needs them.
- Streamline process
- Informal Community supports (food pantries, etc.)
- Youth Task Force
- Faith Based partnerships
- In Home Aide shows how to budget, properly clean home, etc.

#### Future Meetings

- May 23<sup>rd</sup>
- July 21<sup>st</sup>

#### MRS Statistics - For SFY 04-05 from the MRS 52

46,615 reports 211 children  
86% neg/dep allegations  
60% of 86% done as family assessment  
24.6% sub/svcs needed  
75.4% unsub/no svcs  
12,797 I/H/M risk